

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 341815 (9)**

1. Corporation Name  
**RAYMOND JAMES & ASSOCIATES, INC.**



Principal Place of Business <b>880 CARILLON PKWY.                  P.O. BOX 12749                  ST PETERSBURG FL 33733-2749</b>	Mailing Address <b>880 CARILLON PKWY.                  P.O. BOX 12749                  ST PETERSBURG FL 33733-2749</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/19/1969</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1237041</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <b>FILED BY PARENT COMPANY</b>	

9. Name and Address of Current Registered Agent <b>PIPPENGER, LYNN                  880 CARILLON PKWY.                  ST PETERSBURG, FL                  33716</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES, THOMAS A.</b>	1.2 NAME	
STREET ADDRESS	<b>880 CARILLON PKWY</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	1.4 CITY - ST - ZIP	
TITLE	STVD <input type="checkbox"/> DELETE	2.1 TITLE	<b>DVS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIPPENGER, LYNN</b>	2.2 NAME	
STREET ADDRESS	<b>880 CARILLON PKWY</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	2.4 CITY - ST - ZIP	
TITLE	EVD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHUCK, ROBERT F.</b>	3.2 NAME	
STREET ADDRESS	<b>880 CARILLON PKWY</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	3.4 CITY - ST - ZIP	
TITLE	EDV <input type="checkbox"/> DELETE	4.1 TITLE	<b>EVD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZANK, DENNIS W.</b>	4.2 NAME	
STREET ADDRESS	<b>880 CARILLON PKWY</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	4.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANKE, THOMAS</b>	5.2 NAME	
STREET ADDRESS	<b>880 CARILLON PKWY</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<b>VT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TREMAINE, THOMAS R</b>	6.2 NAME	
STREET ADDRESS	<b>880 CARILLON PKWY</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIREMENTS** Tremaine **4/9/97** **813-573-3800**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: mo Phone #

CR2E034 (9/96)